

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023685

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 66

FILED JUL 12 1963

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clinton.</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Clinton.</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Cameron.</b>                        |  | c. CITY OR TOWN <b>Cameron.</b>  |  |
| Length of stay in 1b<br><b>38 Yrs.</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Proutner Nursing Home</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>319 W. 6th. St.</b>  |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                       |  |  |  |

|   |                                  |   |                                       |  |   |
|---|----------------------------------|---|---------------------------------------|--|---|
| 3. NAME OF DECEASED<br>(Type or print) <b>Mary Edith Vollers.</b>   |                                  |   | 4. DATE OF DEATH <b>Jul. 8, 1963</b>  |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10.23.1876</b> | 9. AGE (last birthday)<br><b>86 Yrs</b>                                      | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  |                                       | 11. BIRTHPLACE (City and state or country)<br><b>Woaster, Mass. U. S. A.</b> |   |
| 13a. FATHER'S NAME<br><b>John Balty.</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Florence Packard</b>  |                                       | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>                               |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>                                    |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>  |                                       | 17. INFORMANT<br><b>F. A. Vollers. Cameron, Mo.</b>                          |   |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 hrs.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Arteriosclerosis</b>   |  | <b>20 yrs.</b>  |
| DUE TO (c) <b>Generalized Arteriosclerosis</b>  |  | <b>30 yrs.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Recent open-reduction of hip fracture</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |              |
| 20c. TIME OF INJURY.<br>Hour a.m. p.m.<br><b>8:30 P. M.</b>  | Month, Day, Year<br><b>7-8-63</b>   |  |              |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE |

21. I attended the deceased from **7-8-63** to **7-8-63** and last saw her alive on **7-8-63**  
Death occurred at **8:30 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                 |   |  |  |   |                                    |
|--|---------------------------------|---|--|--|---|------------------------------------|
| 22a. SIGNATURE<br><b>D. H. Compton</b>                     |                                 | (Degree title)  |  | 22b. ADDRESS<br><b>Cameron, Mo.</b>                          |   | 22c. DATE SIGNED<br><b>7-10-63</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>7, 11. 1963</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Graceland Cemetery</b> |  | 23d. LOCATION (city, town, or county)<br><b>Cameron, Mo.</b> |   | (State)                            |
| 24. FUNERAL DIRECTOR<br><b>DeMoss Crunk. Cameron, Mo.</b>  |                                 | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><b>July 11-1963</b>          | 26. REGISTRAR'S SIGNATURE<br><b>Francis D. Crawford</b> |                                    |

(Licensed Emballer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300.  
Rev. 4/59

1 0261

2 0251

3 2

4 1

5 2

6

7 1

8 2

9 331XF

10

11

12 86-2

13 2-0

**STATEMENT BY LICENSED EMBALMER**

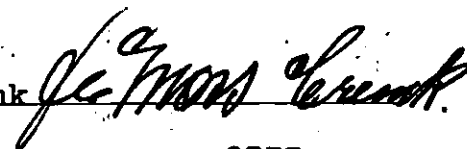
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed DeMoss Crunk



Licensed Embalmer No. 2533.

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.